Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 1 of 68

Fill in this information to identify your case:	
United States Bankruptcy Court for the:  Northern District of: Illinois	
(State)	Chapter you are filing under:
· · · · · · · · · · · · · · · · · · ·	✓ Chapter 7 Chapter 11
	Chapter 12 Chapter 13

#### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name	Ronnell	
Write the name that is on	First name	First name
your government-issued picture identification (for	Middle name	Middle name
example, your driver's license or passport	Burks Last name	Last name
Bring your picture identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other names you		
have used in the last 8 years	First name	First name
Include your married or	Middle name	Middle name
maiden names.	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
3. Only the last 4 digits of your Social	XXX - XX3498	xxx - xx-
Security number or federal Individual	OR	OR
Taxpayer Identification number (ITIN)	9 xx - xx-	9 xx - xx-

## Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 2 of 68

D	ebtor 1 Ronnell First Name	Burks Middle Name Last Name	Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer	I have not used any business names or EINs.	I have not used any business names or EINs.
	Identification Numbers (EIN) you have used in the last	Business name	Business name
	8 years	Business name	Business name
	Include trade names and doing business as names	EIN	EIN
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		5106 N La Crosse Ave Number Street 2w	Number Street
		Obligation and Allicenter and Allice	
		Chicago Illinois 60630 City State Zip Code	City State Zip Code
		Cook	
		Cook County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number Street	Number Street
		City State Zip Code	City State Zip Code
6.	Why you are choosing this district	Check one:	Check one:
	to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. §§ 1408.)	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

## Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 3 of 68

Del	btor 1 Ronnell			Case number (if kno	wn)
	First Name	Middle Name	Last Name		
Par	Tell the Court Abo	ut Your Bankruptcy Case			
	The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a brief description Bankruptcy (Form B2010)). Also,  Chapter 7  Chapter 11  Chapter 12  Chapter 13			. <i>§ 342(b) for Individuals Filing for</i> priate box.
	How you will pay the fee	more details about how yo cashier's check, or money may pay with a credit card  I need to pay the fee in insertion in the second	ou may pay. Typically, if you order If your attorney is or check with a pre-printe stallments. If you choose ling Fee in Installments (Owaived (You may request ired to, waive your fee, and applies to your family size unust fill out the Application.	ou are paying the submitting your ed address. this option, sign official Form 103, this option only d may do so only ze and you are u	he clerk's office in your local court for efee yourself, you may pay with cash, payment on your behalf, your attorney an and attach the <i>Application for</i> A).  If you are filing for Chapter 7. By law, a yif your income is less than 150% of nable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official)
	Have you filed for bankruptcy within the last 8 years?	Yes. District  District  District	When When When	MM / DD / YYYY  MM / DD / YYYY  MM / DD / YYYY	Case number  Case number  Case number
	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	Ves. Debtor District Debtor District	When When	MM / DD / YYYY	Relationship to you  Case number, if known  Relationship to you  Case number, if known
	Do you rent your residence?	No. Go to line 12.	Statement About an Eviction		you want to stay in your residence?  t You (Form 101A) and file it with

### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 4 of 68

Burks Debtor 1 Ronnell \_\_ Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have **V** No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 5 of 68

Debtor 1 Ronnell Burks Case number (if known)
First Name Middle Name Last Name

#### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

#### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Mair Document Page 6 of 68

Burks Debtor 1 Ronnell Case number (if known) Middle Name First Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **7** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your liabilities to be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Ronnell Burks Signature of Debtor 1 Signature of Debtor 2 Executed on \_ 7/3/2017 Executed on MM / DD / YYYY MM / DD / YYYY

## Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 7 of 68

Debtor 1 Ronnell		Burks	Case number (if k	nown)
First Name	Middle Name	Last Name		
For your attorney, if you are represented by one	eligibility to proceed und	er Chapter 7, 11, 12	2, or 13 of title 11, United	ave informed the debtor(s) about I States Code, and have explained the Iso certify that I have delivered to the
If you are not	debtor(s) the notice requi	red by 11 U.S.C. §	342(b) and, in a case in w	hich § 707(b)(4)(D) applies, certify that I
represented by an	have no knowledge after	an inquiry that the i	nformation in the schedu	ules filed with the petition is incorrect.
attorney, you do not	4.5			
need to file this page.	/s/ Angie Harb		Date	7/3/2017
	Signature of Attorney for	r Debtor	MI	M / DD / YYYY
	Angie Harb			
	Printed name			
	Semrad Law Firm			
	Firm name			
	20 S. Clark Street			
	Street			
	28th Floor			
	201111001			
	Chicago		Illinois	60603
	City		State	Zip Code
	•			·
	Contact phone	3128374024	Email address	aharb@semradlaw.com
			<del></del>	
			Illinois	
	Bar number		State	

### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 8 of 68

Fill in this infor	mation to identify your c	ase:	
Debtor 1	Ronnell		Burks
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Sankruptcy Court for the:	Northern	District of Illinois
Case number (If known)			(State)

	Check if	this	is	an
_	amende	d filir	ng	

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you own
. Schedule A/B: Property (Official Form 106A/B)	\$0.00
1a. Copy line 55, Total real estate, from Schedule A/B	<del></del>
1b. Copy line 62, Total personal property, from Schedule A/B	\$11,210.00
1c. Copy line 63, Total of all property on Schedule A/B	\$11,210.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$19,471.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	<u> </u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$64,577.38
Your total liabilities	\$84,048.38
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$869.00 —
5. Schedule J: Your Expenses (Official Form 106J)	Ф000 00
Copy your monthly expenses from line 22, Column A, of Schedule J	\$866.00

Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 9 of 68

Debt	tor 1 Ronnell First Name	Middle Name	Burks Last Name	Case number (if known)	
Part 4		ese Questions for Administra		ords	
6. <b>A</b> ı	re you filing for ba	nkruptcy under Chapters 7, 11, c	or 13?		
	No. You have no	othing to report on this part of the fo	orm. Check this box and sub	omit this form to the court with your other so	hedules.
Ŀ	Yes.				
7. <b>W</b>	hat kind of debt d	o you have?			
Ŀ		primarily consumer debts. Const hold purpose. 11 U.S.C. § 101(8).		d by an individual primarily for a personal, al purposes. 28 U.S.C. § 159.	
		not primarily consumer debts. Yo court with your other schedules.	ou have nothing to report on	this part of the form. Check this box and su	ıbmit
		nt of Your Current Monthly Incom	1,3,3	nonthly income from Official	\$123.00
9.	Copy the followin	g special categories of claims fro	om Part 4, line 6 of Schedu	ıle E/F:	
	From Part 4 on S	chedule E/F, copy the following:		Total claim	
	9a. Domestic supp	oort obligations (Copy line 6a.)		\$0.00	
	9b. Taxes and cert	ain other debts you owe the govern	ment. (Copy line 6b.)	\$0.00	
	9c. Claims for deat	h or personal injury while you were	intoxicated. (Copy line 6c.)	\$0.00	
	9d. Student loans.	(Copy line 6f.)		\$0.00	
	9e. Obligations aris	sing out of a separation agreement opyline 6g.)	or divorce that you did not re	sport as \$0.00	
	9f. Debts to pension	on or profit-sharing plans, and other	similar debts. (Copy line 6h.	.) \$0.00	

\$0.00

9g. Total. Add lines 9a through 9f.

## Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 10 of 68

Fill in this	informa	ation to identify your ca	ase:							
Debtor 1	ı	Ronnell				Burks				
Debtor 1	_	First Name	Middle N	lame		Last Name				
Debtor 2 (Spouse, if fi	iling) F	-irst Name	Middle N	lame		Last Name				
United Sta	ates Bar	kruptcy Court for the:	Northern		Distric	ct of Illinois				
Case nun	nber _					(State)				
, ,										Check if this is an
Officia	al Fo	rm 106A/B								amended filing
Sche	dule	A/B: Prope	rty							12/1
category responsib write you	where y le for su name	ou think it fits best. E	Be as complete a mation. If more s nown). Answer e	nd ac pace very	curate as p is needed, question.	possible. If two ma attach a separate	rried peo sheet to	ple are this fo	one category, list the filing together, both a rm. On the top of any a n Interest In	are equally
	ı own o	r have any legal or eq	uitable interest i	n an	/ residence	. building, land, or	similar p	ropert	ı?	
<b>V</b>		o to Part 2			,	,			•	
	Yes. W	here is the property?								
1.1				Wh	at is the pro	operty? Check all th	at apply.		the amount of any secu	claims or exemptions. Put ured claims on Schedule D:
	Street	address, if available, or	other description	П	ŭ	nulti-unit building			Creditors Who Have Cla	aims Secured by Property.
				Ħ	Condomini	um or cooperative			Current value of the entire property?	Current value of the portion you own?
				Ħ	Manufactur	ed or mobile home				
	Niversia	Ohreat		Ħ	Land					
	Numbe	er Street			Investment	property			Describe the nature of interest (such as fee s	
	City	State	Zip Code		Timeshare Other				the entireties, or a life	
	. ,		,	Who	Debtor 1 on Debtor 2 on	•	rty? Chec	ck	Check if this is co (see instructions)	ommunity property
				H		of the debtors and	another			
					er informat	tion you wish to ad ification number:		this ite	m, such as local	
If you	own or	have more than one, lis	st here:							
				Wh	at is the pro	operty? Check all th	at apply.			claims or exemptions. Put
1.2	Street	address, if available, or	other description	Ш	Single-famil	y home				red claims on Schedule D: aims Secured by Property.
	Oliooti	addrood, ii dvalidolo, or v	ouror docompuon		Duplex or m	nulti-unit building			Current value of the	Current value of the
						um or cooperative			entire property?	portion you own?
						ed or mobile home				
	Numbe	er Street			Land				Describe the nature of	f your ownership
				Ц	Investment	property			interest (such as fee s	simple, tenancy by
	City	State	Zip Code	H	Timeshare Other				the entireties, or a life	
				<b>Wh</b>		terest in the prope	rty? Chec	ck	Check if this is co (see instructions)	ommunity property
					Debtor 1 on	nly				
					Debtor 2 on	nly				
				Ħ	Debtor 1 an	d Debtor 2 only				
				Ħ	At least one	of the debtors and	another			
				O+h	or informat	tion you wish to ad	d about t	thic ito	m auch as least	

property identification number:

# Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 11 of 68

Debtor 1	Ronnell First Name	Middle Name	Burks Last Name	Case number	(if known)	
1.3Stre	eet address, if available, or ot	v	Vhat is the property? Check all that  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home	apply.	the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D: ims Secured by Property.</i> Current value of the portion you own?
Nur	mber Street	Zip Code	Land Investment property Timeshare Other	_	Describe the nature or interest (such as fee s the entireties, or a life	imple, tenancy by
		] ] ] ]	Who has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and an other information you wish to add property identification number:	other	Check if this is co (see instructions)	mmunity property
	the dollar value of the po we attached for Part 1. Wi	rtion you own for a rite that number he	all of your entries from Part 1, inclere.	uding any entries	s for pages	
	Describe Your Vehicle		in any vehicles, whether they are	registered or no	t? Include any vehicles	
you own t	that someone else drives. If your ans, trucks, tractors, sport uto	you lease a vehicle, a	also report it on Schedule G: Executo			
3.1	Model: Year:	Hyundai Accent 2016	Who has an interest in the proone.  Debtor 1 only	perty? Check	the amount of any secu	claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property.
	Approximate mileage: Other information: 2016 Hyundai Accent	8000	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community		Current value of the entire property? \$9700.00	Current value of the portion you own? \$9700.00
3.2	Make Model: Year:		instructions)  Who has an interest in the proone.  Debtor 1 only	perty? Check	the amount of any secu	claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.
	Approximate mileage: Other information:		Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions)		Current value of the entire property?	Current value of the portion you own?

# Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 12 of 68

	Ronnell First Name	Middle Name	Burks Last Name	Case number	er (if known)	
3.3	Make Model: Year: Approximate mileage:		Who has an interest in the one.  Debtor 1 only	property? Check	Do not deduct secured the amount of any secu- Creditors Who Have Cla	· · · · · · · · · · · · · · · · · · ·
	Other information:		Debtor 2 only  Debtor 1 and Debtor 2 o	nlv	Current value of the entire property?	Current value of the portion you own?
	Outer information.		At least one of the debto	•		
			Check if this is commu instructions)			
3.4	Make Model:		Who has an interest in the one.	property? Check	Do not deduct secured the amount of any secu	•
	Year:		Debtor 1 only			nims Secured by Propert
	Approximate mileage:		Debtor 2 only		Current value of the	Current value of the
	Other information:		Debtor 1 and Debtor 2 o	nly	entire property?	portion you own?
			At least one of the debto	rs and another		
			Check if this is commu	nity property (see		
		•	instructions)  er recreational vehicles, othe t, fishing vessels, snowmobiles,	r vehicles, and acco		
Exa	nples: Boats, trailers, motors	•	er recreational vehicles, othe	r vehicles, and accomotorcycle accessor	Do not deduct secured the amount of any secu	red claims on <i>Schedule</i>
Exar	nples: Boats, trailers, motors No Yes Make Model: Year:	•	er recreational vehicles, othe t, fishing vessels, snowmobiles, Who has an interest in the	r vehicles, and accomotorcycle accessor	Do not deduct secured the amount of any secu	red claims on <i>Schedule</i>
Exar	nples: Boats, trailers, motors No Yes Make Model:	•	er recreational vehicles, othe t, fishing vessels, snowmobiles, Who has an interest in the one.	r vehicles, and accomotorcycle accessor	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule hims Secured by Propert Current value of the
Exar	nples: Boats, trailers, motors No Yes Make Model: Year:	•	who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o	r vehicles, and accomotorcycle accessor property? Check	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule ims Secured by Propert
Exar	nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage:	•	who has an interest in the one.  Debtor 1 only Debtor 2 only At least one of the debto	r vehicles, and accommotorcycle accessor  property? Check  nly  rs and another	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule hims Secured by Propert Current value of the
Exar	nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage:	•	who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o	r vehicles, and accommotorcycle accessor  property? Check  nly  rs and another	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule nims Secured by Propert Current value of the
4.1	nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:	•	who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is commu instructions) Who has an interest in the	r vehicles, and accommotorcycle accessor  property? Check  nly  rs and another  nity property (see	Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  Do not deduct secured	red claims on Schedule hims Secured by Propert Current value of the portion you own?  claims or exemptions. F
4.1	mples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:	•	who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is commu instructions)  Who has an interest in the one.	r vehicles, and accommotorcycle accessor  property? Check  nly  rs and another  nity property (see	Do not deduct secured the amount of any secucreditors Who Have Classian Current value of the entire property?  Do not deduct secured the amount of any secured.	claims on Schedule control of the portion you own?  claims or exemptions. Fured claims on Schedule
4.1	nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:	•	who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is commu instructions)  Who has an interest in the one.  Debtor 1 only	r vehicles, and accommotorcycle accessor  property? Check  nly  rs and another  nity property (see	Do not deduct secured the amount of any secucreditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secucreditors Who Have Classifications	red claims on Schedule hims Secured by Propert Current value of the portion you own?  claims or exemptions. Fired claims on Schedule hims Secured by Propert
4.1	mples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:  Approximate mileage:	•	who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is commu instructions)  Who has an interest in the one. Debtor 1 only Debtor 2 only	r vehicles, and accommotorcycle accessor  property? Check  nly  rs and another  nity property (see  property? Check	Do not deduct secured the amount of any secucreditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secucreditors Who Have Classification Current value of the	red claims on Schedule hims Secured by Propert Current value of the portion you own?  claims or exemptions. For the claims on Schedule hims Secured by Propert Current value of the
4.1	mples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:	•	who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 o At least one of the debto Check if this is commu instructions)  Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 o Debtor 4 only Debtor 5 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 o	r vehicles, and accommotorcycle accessor  property? Check  Inly Instrument of the common of the comm	Do not deduct secured the amount of any secucreditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secucreditors Who Have Classifications	red claims on Schedule hims Secured by Propert Current value of the portion you own?  claims or exemptions. Fired claims on Schedule hims Secured by Propert
4.1	mples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:  Approximate mileage:	•	who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is commu instructions)  Who has an interest in the one. Debtor 1 only Debtor 2 only	r vehicles, and accommotorcycle accessor  property? Check  Inly Its and another Inity property (see  property? Check  Inly Its and another	Do not deduct secured the amount of any secucreditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secucreditors Who Have Classification Current value of the	red claims on Schedule hims Secured by Propert Current value of the portion you own?  claims or exemptions. For the claims on Schedule hims Secured by Propert Current value of the

#### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 13 of 68

Burks Debtor 1 Ronnell Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... used furniture \$500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... computer, tv, cellphone \$400.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... used clothing \$300.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... used jewelry \$200.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 2 cats \$100.00 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1500.00 for Part 3. Write that number here .....

# Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 14 of 68

Debt	or 1 Ronnell First Name	Middle Name	Burks Last Name	Case number (if known)	
Part 4		Financial Assets	LEST IVEITE		
Doy	ou own or have an	y legal or equitable interest	in any of the followi	ng?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
16. <b>C</b>	kamples: Money you ha		·	on hand when you file your petition	
	✓ Yes			Cash:	\$10.00
17.		avings, or other financial accounts; estitutions. If you have multiple acc		hares in credit unions, brokerage houses, titution, list each.	
	_				
		17.1. Checking account:			
		17.2. Checking account:			
		<ul><li>17.3. Savings account:</li><li>17.4. Savings account:</li></ul>			
		17.5. Certificates of deposit:			
		17.6. Other financial account:			
		17.7. Other financial account:	netspend card		\$0.00
		17.8. Other financial account:			
		17.9. Other financial account:			
18.		or publicly traded stocks , investment accounts with brokers Institution or issuer name:	age firms, money market	accounts	
19.	an LLC, partnership,		ed and unincorporated	d businesses, including an interest in	
	Yes. Give specific information about them	Name of entity		% of ownership:	

# Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 15 of 68

Debt	tor 1 Ronnell	Middle None	Burks	Case number (if known)			
	First Name	Middle Name	Last Name				
20. Government and corporate bonds and other negotiable and non-negotiable instruments  Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.							
		include personal checks, cashiers ents are those you cannot transfe					
		onto are incoe you cannot hance	i to comcome by digini	ng or domoning trom:			
	Yes. Give specific information about	Issuer name:					
	them	issuel fiame.					
					-		
21	Retirement or pension	2000111111					
21.			), thrift savings accoun	ts, or other pension or profit-sharing plans			
	<b>✓</b> No						
	Yes. List each	Type of account:	Institution name:				
	account	401(k) or similar plan:					
	separately.	Pension plan:					
		•	-				
		IRA:			_		
		Retirement account:			_		
		Keogh:					
		Additional account:					
		Additional account:					
22	Security deposits and	prepayments			-		
	Your share of all unused	I deposits you have made so that					
	Examples: Agreements v companies, or others	with landlords, prepaid rent, publi	c utilities (electric, gas,	water), telecommunications			
			Institution name:				
			metication mainer				
	Yes	Electric:			_		
		Gas:			_		
		Heating oil:			_		
		Security deposit on rental unit:			_		
		Prepaid rent:					
		Telephone:					
		Water:					
		Rented furniture:					
		Other:					
23.	Annuities (A contract for	or a periodic payment of money to	you, either for life or f	or a number of years)	-		
	No No	,	, ,	<b>,</b> ,			
	<b>=</b>	Issuer name and description:					
	Yes						
					<u> </u>		
					-		

# Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 16 of 68

Debt	or 1 Ronnell First Name	Burks Case number (if known)  Middle Name Last Name	
24.		an education IRA, in an account in a qualified ABLE program, or under a qualified state tuitio	n program.
	26 U.S.C. §§ 5	530(b)(1), 529A(b), and 529(b)(1).	
	✓ No  Yes	Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):	
			<del></del>
25.		able or future interests in property (other than anything listed in line 1), and rights or powers for your benefit	
	<b>✓</b> No		
	Yes. Desc	cribe	
26.	Patents con	pyrights, trademarks, trade secrets, and other intellectual property	
20.		ernet domain names, websites, proceeds from royalties and licensing agreements	
	✓ No	neih a	
	Yes. Desc	Cribe	
27.	Licenses, frai	unchises, and other general intangibles	
		tilding permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licens	ses
	✓ No  Yes. Desc	crihe	
Mor	ney or proper	rty owed to you?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
	ney or proper		portion you own?
	Tax refunds ov	wed to you	portion you own?  Do not deduct secured claims or exemptions.
	Tax refunds ov  ✓ No  — Yes. Give s abou	specific information ut them, including whether	portion you own? Do not deduct secured claims or exemptions.
	Tax refunds ov  No Yes. Give s abou you a	specific information  It them, including whether already filed the returns the tax years	portion you own?  Do not deduct secured claims or exemptions.  \$0.00
28.	Tax refunds ov  No Yes. Give s abou you a and t	specific information ut them, including whether already filed the returns the tax years	portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds ov  No Yes. Give s abou you a and t	specific information ut them, including whether already filed the returns the tax years	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00
28.	Tax refunds ov  No Yes. Give s about you a and t  Family support Examples: Past	specific information at them, including whether already filed the returns the tax years  It turns the tax years	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00
28.	Tax refunds ov  No Yes. Give s about you a and t  Family support Examples: Past	specific information at them, including whether already filed the returns the tax years  Local:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  \$0.00
28.	Tax refunds ov  No Yes. Give s about you a and t  Family support Examples: Past	specific information ut them, including whether already filed the returns the tax years	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  \$0.00
28.	Tax refunds ov  No Yes. Give s about you a and t  Family support Examples: Past	specific information  It them, including whether already filed the returns the tax years	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  ty settlement  \$0.00 \$0.00  \$0.00  \$0.00  \$0.00
28.	Tax refunds ov  No Yes. Give s about you a and t  Family support Examples: Past	specific information It them, including whether already filed the returns the tax years  It due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, proper specific information  Alimony:  Maintenance:  Support:	## settlement ## so.00  ## settlement ## so.00  ## settlement ## so.00  ## settlement ## so.00  ## so.00  ## settlement ## so.00  ## so.00
28.	Tax refunds ov  No Yes. Give s about you a and t  Family suppor Examples: Past No Yes. Give s  Other amount	specific information ut them, including whether already filed the returns the tax years  It t due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, proper specific information  Alimony: Maintenan Support: Divorce settlement specific settlement support support settlement support suppor	## settlement:    \$0.00
28.	Tax refunds ov  No Yes. Give s about you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp	specific information  If them, including whether already filed the returns the tax years	## settlement:    \$0.00
28.	Tax refunds ov  No  Yes. Give s abou you a and t  Family suppor Examples: Past  No  Yes. Give s  Other amount Examples: Unp Soci	specific information  It them, including whether already filed the returns the tax years	## settlement:    \$0.00
28.	Tax refunds ov  No Yes. Give s abou you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp Soci	specific information  It them, including whether already filed the returns the tax years	## settlement:    \$0.00

# Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 17 of 68

Deb	tor 1 Ronnell		Burks	Case number (if known)	
	First Name	Middle Name	Last Name		
31.	Interests in insurance Examples: Health, disab		alth savings account (HSA); credit,	homeowner's, or renter's insurance	
	Yes. Name the insure of each policy and		Company name:	Beneficiary:	Surrender or refund value:
32.		y of a living trust, expect	someone who has died proceeds from a life insurance police	cy, or are currently entitled to receive	
	Yes. Describe				
33.			you have filed a lawsuit or made urance claims, or rights to sue	a demand for payment	
	No Yes. Describe				
34.	Other contingent and to set off claims	unliquidated claims of	every nature, including counter	claims of the debtor and rights	
	No Yes. Describe	possible claim for damag	e to vehicle- car accident		
35.	Any financial assets y  No Pes. Describe	ou did not already list			
36.	Add the dollar value o	-	m Part 4, including any entries f		\$10.00
Part			perty You Own or Have an I	nterest In. List any real estate in Pa	rt 1.
37.	Do you own or have a	ny legal or equitable in	terest in any business-related p	roperty?	
	No. Go to Part 6. Yes. Go to line 38.				Current value of the portion you own? Do not deduct secured claims or exemptions
38.	Accounts receivable	or commissions you alr	eady earned		
	Yes. Describe				
39.	Office equipment, furr Examples: Business-rela		e, modems, printers, copiers, fax m	achines, rugs, telephones, desks, chairs, ele	ctronic devices
	No Yes. Describe				
		<u> </u>			

# Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 18 of 68

Deb	tor 1 Ronnell		Case number (if known)	
1.0	First Name	Middle Name Last Name		
40.	Machinery, fixtures, e	quipment, supplies you use in business, and tools of your trade		
	<b>✓</b> No			
	Yes. Describe			
	_			
		<del></del>		
41.	Inventory			
	<b>✓</b> No			
	Yes. Describe			
12	Interests in partnersh	ins or joint ventures		
42.		ps or joint ventures		
	<b>✓</b> No	Name of entity:	% of ownership:	
	Yes. Give specific	Haine of only.	, o or own ording.	
	information about them			<del>-</del>
	uioiii			
				-
12	Cuetomor liete mailing	lists, or other compilations	<u> </u>	-
45.		iists, or other compliations		
	<b>✓</b> No			
	Yes. Do your lists in	nclude personally identifiable information (as defined in 11 U.S.C. § 10	)1(41A))?	
	No			
	Yes. Descr	ibe		
	☐ 1.001 <b>2</b> .000.			
44.	Any business-related	property you did not already list		
	No			
	Yes. Give specific			
	information			
				<del>_</del>
		ll of your entries from Part 5, including any entries for pages your there		
•				
Part		arm- and Commercial Fishing-Related Property You Ow	n or Have an Interest In.	
	If you own or have an	interest in farmland, list it in Part 1.		
46.	Do you own or have a	ny legal or equitable interest in any farm- or commercial fishing	-related property?	
	No. Go to Part 7.			Current value of the
	Yes. Go to line 47.			portion you own?  Do not deduct secured claims
	ш			or exemptions
47.	Farm animals			
	Examples: Livestock, po	oultry, farm-raised fish		
	<b>✓</b> No			
	Yes. Describe			
	_			
	-			

# Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 19 of 68

Debt	tor 1 Ronnell First Name		Burks C	Case number (if known)	
48.	Crops-either growing				
	No Yes. Describe				
49.	Farm and fishing equip	oment, implements, machinery, fixture	es, and tools of trade		
	<b>✓</b> No				
	Yes. Describe				
50.	Farm and fishing suppl	lies, chemicals, and feed			
	<b>✓</b> No				
	Yes. Describe				
			and all and the		
51.		rcial fishing-related property you did r	not aiready list		
	✓ No Yes. Describe				
		I of your entries from Part 6, including		have attached	
				_	
Part '		perty You Own or Have an Intere		List Above	
53.		perty of any kind you did not already li s, country club membership	st?		
	✓ No				
	Yes. Give specific				
	information				
54. A	dd the dollar value of al	I of your entries from Part 7. Write tha	at number here		•
Part	8: List the Totals of	Each Part of this Form			
55. <b>F</b>		, line 2		<b>&gt;</b>	
56. <b>r</b>	oart 2 total vehicles, lin	e 5	\$9700.00		
57. <b>P</b>	art 3: Total personal an	d household items, line 15	\$1500.00		
58. <b>P</b>	art 4: Total financial as	sets, line 36	\$10.00		
59. <b>F</b>	Part 5: Total business-re	elated property, line 45			
60. <b>F</b>	Part 6: Total farm- and f	ishing-related property, line 52			
61. <b>F</b>	Part 7: Total other prop	erty not listed, line 54			
62.1	Fotal personal property.	Add lines 56 through 61	\$11210.00	Copy personal property total ▶	+ \$11210.00
					\$11210.00
63. <b>T</b>	otal of all property on S	chedule A/B. Add line 55 + line 62			

Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 20 of 68

Fill in this infor	mation to identify your c	ase:		
Debtor 1	Ronnell		Burks	
	First Name	Middle Name	Last Name	,
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	Northern	District of Illinois	
			(State)	
Case number				
(If known)				

### Official Form 106C

### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Ра	Identity the Property You Clair	m as Exempt						
1.	, , , , , , , , , , , , , , , , , , ,	•						
	You are claiming state and federal	You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)						
	You are claiming federal exemption	ns. 11 U.S.C. § 522(b)(	2)					
2.	For any property you list on Schedule A	N/B that you claim as e	xempt, fill in the information below.					
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption				
	Brief description: Hyundai Accent, 2016, 2016 Hyundai Accent Line from Schedule A/B: 03	\$9,700.00	\$0  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b)				
	Brief description: used clothing Line from Schedule A/B: 11	\$300.00	\$300.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)				
3.	✓ No	ery 3 years after that for	375? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case?					

## Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 21 of 68

 Debtor 1 First Name
 Ronnell First Name
 Burks Burks Last Name
 Case number (if known)

Brief description of the property an line on Schedule A/B that lists this property	d Current value of the portion you own	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
	Copy the value from Schedule A/B		
Brief description:  Other financial account, netspend card  Line from Schedule A/B:  17	\$0.00	\$0  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description:	\$10.00	\$10.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description:	\$400.00	\$400.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description: 2 cats Line from Schedule A/B: 13	\$100.00	\$100.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description:  possible claim for damage to vehicle- car accident  Line from Schedule A/B: 34	\$0.00	\$0  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description: used jewelry Line from Schedule A/B: 12	\$200.00	\$200.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description: used furniture Line from Schedule A/B: 06	\$500.00	\$500.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 22 of 68

		DC	cument Page 22 0	1 00		
Fill in this info	rmation to identify your ca	ise:				
Debtor 1	Ronnell		Burks			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	Northern	District of Illinois (State)			
Case number (If known)			(State)			
Official	Form 106D					Check if this is an amended filing
Sched	ule D: Credite	ors Who Ha	ve Claims Secu	red by Prop	ertv	12/15
more space is name and cas  1. Do any No.	s needed, copy the Additions in the Additions of the number (if known).  Creditors have claims so	ecured by your proper nit this form to the court	e are filing together, both are enher the entries, and attach it to ty?  with your other schedules. You h	this form. On the top	of any additional pag	
2. <b>List all</b> separat	I secured claims. If a credit ely for each claim. If more the	han one creditor has a par	cured claim, list the creditor ticular claim, list the other creditors order according to the creditor's	Column A  Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Creditor	DALLAS PKWY	2016 Hyundai Accent As of the date you file	that secures the claim:	\$19,471.00 	\$9,700.00	<u>\$9,771.00</u>
	TX 75093 State ZIP Code wes the debt? Check one.	Contingent Unliquidated Disputed  Nature of lien. Check a	all that apply.			
De De	btor 2 only btor 1 and Debtor 2 only least one of the debtors d another	An agreement you car loan)	made (such as mortgage or secure as tax lien, mechanic's lien)	d		
	neck if this claim relates a community debt lebt was 9/2016	Other (including a r	ight to offset)			

Add the dollar value of your entries in Column A on this page. Write that number

here:

\$19,471.00

Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 23 of 68

E-11 ·								
FIII II	n this intor	mation to identify your o	ase:					
Debt	tor 1	Ronnell		Burks				
		First Name	Middle Name	Last Name				
Debt								
(Spot	use, if filing)	First Name	Middle Name	Last Name				
Unite	ed States E	Bankruptcy Court for the:	Northern	District of Illinois				
		, ,		(State)				
Case (If kno	e number							
`						□ Ch	ook if this is a	n amended filing
Off	icial F	orm 106E/F					eck ii tiiis is ai	n amended ming
Sc	hedi	ıle F/F: Cre	editors Who	Have Unse	cured Claims			12/15
	ricat		ditors wire	TidVC Onsc	ourca Claims			12/15
Form claim	106A/B) and the strate in the	and on Sc <i>hedule G: Exe</i> e listed in Schedule D: C he boxes on the left. At	ecutory Contracts and Un Creditors Who Hold Claims	expired Leases (Official s Secured by Property. I	. Also list executory contracts Form 106G). Do not include a f more space is needed, copy top of any additional pages, v	ny credito the Part y	rs with partia	ally secured it out, number
1.	Do any c	reditors have priority u	nsecured claims against y	vou?				
'-		Go to Part 2.	isecureu ciainis against y	iou:				
	Yes.							
2.	listed, idea As much Continuat	ntify what type of claim it as possible, list the claims ion Page of Part 1. If moi	is. If a claim has both priori	ty and nonpriority amoun ding to the creditor's nam particular claim, list the of		both priorit	ty and nonprio	ority amounts.
						Total	Priority	Nonpriority

claim

amount

amount

#### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 24 of 68

Burks Debtor 1 Ronnell Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 A All Financial Services \$1,015.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2856 Belvidere Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60085 Waukegan Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt 2003-M3-000816 Other. Specify \_\_\_\_ Is the claim subject to offset? Yes AT&T 4.2 \$600.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a PO Box 105262 Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 30348 Atlanta Georgia City Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ phone bill Is the claim subject to offset? **✓** No Yes CHASE CARD 4.3 \$488.00 Last 4 digits of account number 2600 Nonpriority Creditor's Name 1250 S CLEARVIEW DR #100 When was the debt incurred? 10/2010 Number As of the date you file, the claim is: Check all that apply. Contingent MESA 85208 Arizona Unliquidated City State Zip Code Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ CreditCard Is the claim subject to offset? **✓** No Yes

#### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Page 25 of 68 Document

Debtor 1 Ronnell First Name Burks Case number (if known) Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 City of Chicago Parking \$1,500.00

<u> </u>	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ1,000.00
	121 N. LaSalle St # 107A	When was the debt incurred?n/a	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		— Contingent	
	Chicago Illinois 60602	Unliquidated	
	City State Zip Code	Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	Debtor 1 only	··	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another	<ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
	Check if this claim relates to a community debt	Other. Specify parking tickets	
	Is the claim subject to offset?	_	
	✓ No		
	Yes		
4.5	Comcast	— Last 4 digits of account number	\$500.00
	Nonpriority Creditor's Name 11621 E. Marginal Way # 5	When was the debt incurred?	
	Number Street	<u> </u>	
	Bankruptcy Dept	As of the date you file, the claim is: Check all that apply.	
		— Contingent	
	Seattle Washington 98168	Unliquidated	
	City State Zip Code	Disputed	
	Who incurred the debt? Check one.  Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	<u> </u>	Student loans	
	Debtor 2 only  Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts  Other. Specify  cable bill	
	Is the claim subject to offset?	• Carlot Speeding	
	✓ No		
	Yes		
4.0	<u> </u>		<b>\$004.00</b>
4.6	HOMEATFIVE Nonpriority Creditor's Name	Last 4 digits of account number 7086	\$261.00
	1515 S 21ST ST	When was the debt incurred? 10/2012	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	CLINTON Iowa 52732	Unliquidated	
	City State Zip Code	Disputed	
	Who incurred the debt? Check one.  Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	브	Student loans	
	Debtor 1 and Debtor 2 only  At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
		Other. Specify CreditCard	
	Is the claim subject to offset?  No	V Caron Spoony Croancard	
	Yes		

#### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 26 of 68

Debtor 1 Ronnell First Name Burks Case number (if known) Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				
4.7	IL Secretary of State	Last 4 digits of account number	\$1.00		
	Nonpriority Creditor's Name 2701 S. Dirksen Parkway	When was the debt incurred?n/a			
	Number Street	As of the date you file, the claim is: Check all that apply.			
		Contingent			
	Code of old	Unliquidated			
	SpringfieldIllinois62723CityStateZip Code	Disputed			
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:			
	Debtor 1 only	Student loans			
	Debtor 2 only	Obligations arising out of a separation agreement or			
	Debtor 1 and Debtor 2 only	divorce that you did not report as priority claims			
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts			
	Check if this claim relates to a community debt	Other. Specify notice only			
	Is the claim subject to offset?	_			
	✓ No				
	Yes				
4.8	MERCHANTS CREDIT GUIDE Nonpriority Creditor's Name	Last 4 digits of account number 8379	\$50.00		
	223 W JACKSON BLVD STE 4	When was the debt incurred? 4/2014			
	Number Street	As of the date you file, the claim is: Check all that apply.			
		Contingent			
	CHICAGO Illinois 60606 City State Zip Code	Unliquidated			
	Who incurred the debt? Check one.	Disputed			
	Debtor 1 only	Type of NONPRIORITY unsecured claim:			
	Debtor 2 only	Student loans			
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or			
	At least one of the debtors and another	divorce that you did not report as priority claims			
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts			
	Is the claim subject to offset?	001 Collection; Collecting for			
	✓ No	ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA			
	Yes				
4.9	MERCHANTS CREDIT GUIDE	Last 4 digits of account number 0048	\$50.00		
	Nonpriority Creditor's Name 223 W JACKSON BLVD STE 4	When was the debt incurred? 10/2014			
	Number Street				
		As of the date you file, the claim is: Check all that apply.  Contingent			
	CHICAGO Illinois 60606	Unliquidated			
	City State Zip Code	Disputed			
	Who incurred the debt? Check one.  Debtor 1 only				
	Debtor 2 only	Type of NONPRIORITY unsecured claim:  Student loans			
	Debtor 1 and Debtor 2 only				
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar			
	Is the claim subject to offset?	debts  001 Collection; Collecting for			
	No	ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA			

Yes

#### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 27 of 68

Burks Debtor 1 Ronnell Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 MERCHANTS CREDIT GUIDE \$50.00 Last 4 digits of account number Nonpriority Creditor's Name 223 W JACKSON BLVD STE 4 When was the debt incurred? 7/2014 As of the date you file, the claim is: Check all that apply. Contingent **CHICAGO** Illinois 60606 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **|** ORIGINAL CREDITOR: MEDICAL **✓** No Other. Specify PAYMENT DATA Yes 4.11 Rush Hospital \$2,000.00 Last 4 digits of account number Nonpriority Creditor's Name 1700 W Van Buren # 161 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60612 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ medical debt Is the claim subject to offset? **✓** No Yes SEVENTH AVENUE 4.12 \$263.00 7086 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 6/2012 1112 7TH AVE Number Street As of the date you file, the claim is: Check all that apply. Contingent MONROE 53566 Wisconsin Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_\_\_ CreditCard Is the claim subject to offset?

✓ No Yes

#### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 28 of 68

Burks Debtor 1 Ronnell Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 Social Security Administration \$25,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 3430 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Philadelphia Pennsylvania 19122 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ overpayment of benefits Is the claim subject to offset? **✓** No Yes 4.14 Speedy Cash \$600.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 1931 N. Mannheim Rd When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Melrose Park Illinois 60160 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ payday loan Is the claim subject to offset? **✓** No Yes 4.15 State Farm \$32,199.38 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? One State Farm Plaza n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 61710 Bloomington Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify <u>judgment 2003-m1-012072</u> Is the claim subject to offset? **✓** No

Yes

Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 29 of 68

otor 1 Ronnell	Honneii		Burks	Case number (if known)			
First Name		Middle Name	Last Name				
List Other	rs to Be Notified	About a Debt Tha	t You Already List	ted			
collection ager collection ager creditors here.	llection agency is trying to collect from you for a debt llection agency here. Similarly, if you have more than			y, for a debt that you already listed in Parts 1 or 2. For example, if a cone else, list the original creditor in Parts 1 or 2, then list the any of the debts that you listed in Parts 1 or 2, list the additional or debts in Parts 1 or 2, do not fill out or submit this page.			
Name			On which ent	On which entry in Part 1 or Part 2 did you list the original creditor?			
	05 W Randolph St Ste 1100			of (Check Part 1: Creditors with Priority Unsecured Claims			
Number Stre	lumber Street			one):			
			,	Part 2: Creditors with Nonpriority Unsecured Claims			
Chicago	Illinois	60606	Last 4 digits	Part 2: Creditors with Nonpriority Unsecured			

Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 30 of 68

Debtor 1 Ronnell Burks Case number (if known)

FIRST INS	ime Middle Name Last Name			
Part 4: Add t	he Amounts for Each Type of Unsecured Claim			
	amounts of certain types of unsecured claims. This information is mounts for each type of unsecured claim.	s for s	tatistical reporting	purposes
			Total claims	
Total claims from Part 1	6a. Domestic support obligations.	6a.	\$0.00	
	6b. Taxes and certain other debts you owe the government	6b.	\$0.00	
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00	
	6d. Other. Add all other priority unsecured claims. Write that	6d.	\$0.00	
	amount here.  6e. Total. Add lines 6a through 6d.	6e.	\$0.00	
	oor rotali ritaa iiiloo sa tiiroagii oai			
			Total claims	
Total claims from Part 2	6f. Student loans	6f.	\$0.00	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00	
	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$64,577.38	
	6i Total Add lines 6f through 6i	6i	\$64,577.38	

Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 31 of 68

Fill in this infor	mation to identify your ca	ase:	
Debtor 1	Ronnell		Burks
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)
Case number (If known)			(,

### Official Form 106G

### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

## Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main

		Do	cument Page 3	32 of 68
Fill in this infor	mation to identify you	r case:		
Debtor 1	Ronnell		Burks	
Debtor 2	First Name	Middle Name	Last Name	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the	e: Northern	District of Illinois	
Case number			(State)	
(If known)				Check if this is an
				amended filing
Official	Form 106H	<u></u>		
Schedul	e H: Your Co	debtors		12/15
2. Within Californ	the last 8 years, have ia, Idaho, Louisiana, Ne b. Go to line 3. es. Did your spouse, fo	ovada, New Mexico, Puerto Ri	roperty state or territory? co, Texas, Washington, and valent live with you at the t	(Community property states and territories include Arizona, Wisconsin.)
	Name of your spouse	e, former spouse, or legal equ	ivalent	
	Number Street			<del></del>
	City	State	Zip Code	<del>_</del>
again a	s a codebtor only if th	nat person is a guarantor or	cosigner. Make sure you	f your spouse is filing with you. List the person shown in line 2 have listed the creditor on Schedule D (Official Form 106D), edule D, Schedule E/F, or Schedule G to fill out Column 2.
Column	1: Your codebtor			Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

✓

Schedule D, line 2.1

Schedule E/F, line\_\_\_\_\_

Schedule G, line

Official Form 106H Schedule H: Your Codebtors page 1

60630

Zip Code

3.1 Negrete Jr., George

5106 N La Crosse Ave #2

Illinois

State

Street

Name

Number

Chicago City

Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 33 of 68

				9			
Fill in this	s information to identify	your case:					
Debtor 1	Ronnell		Burks				
	First Name	Middle Name	Last Na	ame	Che	eck if this is:	
Debtor 2	illing) First Name	Middle Name	Last Na	ama	— I п	An amended filing	
						A supplement showing p	ost-petition chapter 13
United States	ites Bankruptcy Court for	Northern	_ District of Illin	nois tate)		expenses as of the follow	
Case numl	ber		(0				
(If known)						MM / DD / YYYY	
Officia	al Form 1061						
Sched	dule I: Your In	come					12/15
information spouse. If number (in	on about your spouse. I		d your spous	se is not filir	ng with you, do	not include informati	ion about your
1. Fill in	your employment		Debtor 1	Debtor 1		Debtor 2	
inform	nation.	Employment status					
	have more than one job, a separate page with	zimproyment otatao	Emplo	yea nployed		Employed  Not Employed	
inform	ation about additional		V Not En	прюуса		I Not Employed	
emplo	yers.	Occupation				_	
	e part time, seasonal, or nployed work.	Employer's name				_	
	pation may include student	Employer's address				_	
	nemaker, if it applies.		Number Str	eet		Number Street	
						_	
			City	Si	tate Zip Code	City	State Zip Code
		How long employed					
		there?					
Part 2:	Give Details About N	Monthly Income					
Estimate	e monthly income as of t	the date you file this form	<b>n.</b> If you have	nothing to re	port for any line, v	write \$0 in the space. Inc	clude your non-filing
	inless you are separated.						
	your non-filing spouse have ace, attach a separate she	e more than one employer, et to this form.	combine the i	information fo	or all employers fo	or that person on the line  For Debtor 2 or	s below. If you need
				Fo	r Debtor 1	non-filing spouse	
		ary, and commissions (befo , calculate what the monthly		2.	\$0.00		
3. Estir	mate and list monthly ove	rtime pay.		3.	+ \$0.00		<u> </u>
4. Calc	<b>culate gross income.</b> Add l	ne 2 + line 3.		4.	\$0.00		
							_

# Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 34 of 68

Debto		urks	Case numbe	r <i>(if</i>	
	First Name Middle Name La	ast Name	known) For Debtor 1	For Debtor 2 or non-filing spouse	
Copy	y line 4 here	<b>→</b> 4.	\$0.00		
	all payroll deductions:				
5a.	Tax, Medicare, and Social Security deductions	5a.	\$0.00		
5b.	Mandatory contributions for retirement plans	5b.	\$0.00		
5c.	Voluntary contributions for retirement plans	5c.	\$0.00		
5d.	Required repayments of retirement fund loans	5d.	\$0.00		
5e.	Insurance	5e.	\$0.00		
5f. <b>I</b>	Domestic support obligations	5f.	\$0.00		
5g.	Union dues	5g.	\$0.00		
5h.	Other deductions. Specify:	5h. +	\$0.00 +		
6. <b>Add</b> +5h.	the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f$	+ 5g 6.	\$0.00		
7. Calc	ulate total monthly take-home pay. Subtract line 6 from line	4. 7.	\$0.00		
8. List	all other income regularly received:				
	Net income from rental property and from operating a business, profession, or farm				
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00		
8b.	Interest and dividends	8b.	\$0.00		
	Family support payments that you, a non-filing spouse, or a dependent regularly receive		_		
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00		
8d.	Unemployment compensation	8d.	\$0.00		
8e.	Social Security	8e.	\$746.00		
   	Other government assistance that you regularly receive nounce cash assistance and the value (if known) of any noncesh assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or nousing subsidies Specify:  Food Assistance Programs Income	8f. <u>.</u>	\$123.0 <u>0</u>		
8g.	Pension or retirement income	8g.	\$0.00		
8h.	Other monthly income. Specify:	8h. +	\$0.00 +		
9. <b>Add</b>	<b>all other income</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g +	8h. 9.	\$869.00		
	culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spo	10. ouse	\$869.00 +	=	\$869.00
Incl frien	te all other regular contributions to the expenses that you ude contributions from an unmarried partner, members of your hads or relatives.  not include any amounts already included in lines 2-10 or amounts.	nousehold, your d	ependents, your roomr		
Spe	cify:			11. +	\$0.00
	d the amount in the last column of line 10 to the amount in e that amount on the Summary of Schedules and Statistical Sun				\$869.00
					Combined monthly income
13. <b>Do</b>	you expect an increase or decrease within the year after you	ou file this form?			
	Yes. Explain:				

## Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 35 of 68

		Do	ocument Page 3	5 of 68		
Fill in this infor	mation to identify	your case:				
Debtor 1	Ronnell		Burks			
Dobtor 0	First Name	Middle Name	Last Name	Check if this is:		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	An amended filir	ng	
United States B	ankruptcy Court fo	r the: Northern	District of Illinois (State)	A supplement sl expenses as of the		-petition chapter 13 date:
Case number (If known)					<del></del>	
	Form 106	<del></del>				40/45
Schedul	e J: Your E	xpenses				12/15
information. If (if known). Ans	more space is nee wer every questio	eded, attach another sheet to n.		are equally responsible for sup radditional pages, write your n		
Part 1: Desc	cribe Your Hous	sehold				
1. Is this a join	nt case?					
✓ No. Go	to line 2					
Yes. Do	oes Debtor 2 live i	n a separate household?				
	No					
	Yes. Debtor 2 m	ust file Official Forms 106J-2, E	xpenses for Separate Househo	old of Debtor 2.		
2. Do you have	e dependents?	<b>✓</b> No				
Do not list D Debtor 2.	ebtor 1 and	Yes. Fill out this information each dependent	for Dependent's relations Debtor 1 or Debtor 2	ship to Dependent's age	Does de with you	pendent live ?
	enses include f people other	<b>√</b> No				
than		Yes				
yourself and dependents						
Part 2: Estir	mate Your Ongo	oing Monthly Expenses				
_	f a date after the		-	as a supplement in a Chapter 1 check the box at the top of the		•
		non-cash government assista ded it on <i>Schedule I: Your Inc</i>		:		Your expenses
	or home ownersh	nip expenses for your residenc . 4.	e. Include first mortgage paym	nents and	4.	\$0.00
If not incl	uded in line 4:					
4a. Real es	state taxes				4a	\$0.00

\$0.00

\$0.00

\$0.00

4b.

4c.

4d.

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

## Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 36 of 68

 Debtor 1 First Name
 Ronnell First Name
 Burks Burks Last Name
 Case number (if known)

5. Additional mortgage payments for your residence, such as home equity loans         5.         \$0.00           6. Utilities:         6 Electricity, heat, natural gas         6a.         \$0.00           6b. Walter, severe, garbage collection         6b.         \$0.00           6c. Telephone, oil phone, Internet, statellite, and cable services         6c.         \$90.00           6c. Celephone, oil phone, Internet, statellite, and cable services         6d.         \$90.00           6c. Celephone, oil phone, Internet, statellite, and cable services         6d.         \$90.00           7c. Food and housekeeping supplies         7.         \$200.00           8c. Childrage and children's education costs         8.         \$0.00           9c. Clothing, Laundry, and dry cleaning         9.         \$20.00           10. Personal care products and services         11.         \$5.00           11. Medicial and dental seynenses         11.         \$5.00           12. Transportation, Include gas, maintenance, bus or train fare.         10.         \$20.00           15. Instration and religious donations         14.         \$9.00           16. Charitable contributions and religious donations         15.         \$9.00           15. Install insurance         15a         \$9.00           16. Liber insurance         15a         \$9.0	First Name	Milde Name Last Name		
6. Utilities         6. Electricity, hest, natural gas         6.         \$0.00           6b. Wilker, swwer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$90.00           6c. Other. Specify:         6d.         \$0.00           7. Food and housekeeping supplies         8.         \$0.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$20.00           10. Personal care products and services         10.         \$20.00           11. Medical and dental expenses         11.         \$5.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$9.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         15.         \$0.00           15. Insurance.         15a         \$0.00           15. Insurance.         15a         \$0.00           15. Insurance.         15a         \$0.00           15. Insurance.         15a         \$0.00           15. Vehicle insurance.         15a         \$0.00           15. Vehicle in				Your expenses
6a. Electricity, heat, natural gas   6a.   \$0.00   6b. Water, sewer, garbage collection   6b.   \$0.00   6c. Telephone, cell phone, internet, satellite, and cable services   6c.   \$0.00   6c. Telephone, cell phone, internet, satellite, and cable services   6c.   \$0.00   6c. Other. Specify:	5. Additional mortgage paymen	nts for your residence, such as home equity loans	5.	\$0.00
8b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, call phone, Internet, satellite, and cable services         6c.         \$9.00           6d. Other. Specity:         7.         \$200.00           7. Food and housekeeping supplies         7.         \$200.00           8. Childcare and children's education costs         8.         \$0.00           9. Clotting, laundry, and dry cleaning         9.         \$20.00           10. Personal care products and services         11.         \$50.00           11. Medical and dental expenses         11.         \$50.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$80.00           10. not include care payemets         13.         \$0.00           14. Charitable contributions and religious donations         13.         \$0.00           15. Insurance         15         \$0.00           15a. Lie insurance         15         \$0.00           15c. Vehicle insurance         15         \$0.00           15c. Vehicle insurance         15         \$0.00           15c. Vehicle insurance. Specify:         16         \$0.00           15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           \$psecify: <td< td=""><td>6. Utilities:</td><td></td><td></td><td></td></td<>	6. Utilities:			
6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$90.00           6c. Other. Specify:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$200.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$20.00           10. Personal care products and services         10.         \$20.00           11. Medical and dental expenses         11.         \$50.00           12. Transportation. Include gas, maintenance, bus or train fere.         12.         \$50.00           15. Instrainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           16. Charitable contributions and religious donations         14.         \$0.00           15. Instrainment, clubs, recreation, newspapers, magazines, and books         15.         \$0.00           15. Instrainmence         156         \$0.00           15. Life insurance         156         \$0.00           15. Life insurance         156         \$0.00           15. Leath insurance         156         \$0.00           15. Leath insurance         156         \$0.00           15. Leath insurance         150         \$0.00           15. Leath	6a. Electricity, heat, natural ga	3	6a.	\$0.00
6d. Other. Specify  6d. Other Specify  7. Food and housekeeping supplies 8. So.00 8. Childcare and children's education costs 8. So.00 9. Clothing, laundry, and dry cleaning 9. Clothing, laundry,	6b. Water, sewer, garbage col	ection	6b.	\$0.00
7. Food and housekeeping supplies         7.         \$200.00           8. Childcare and childcare's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$20.00           10. Personal care products and services         10.         \$20.00           11. Medical and dental expenses         11.         \$5.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$50.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15s         \$0.00           15. Insurance.         15s         \$0.00           15b. Health insurance educated from your pay or included in lines 4 or 20.         15c         \$0.00           15c. Vehicle insurance. Specify:         15c         \$0.00	6c. Telephone, cell phone, Int	ernet, satellite, and cable services	6c.	\$90.00
8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$20.00           10. Personal care products and services         10.         \$20.00           11. Medical and dental expenses         11.         \$5.00           12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments         12.         \$50.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance         15a.         \$0.00           15a. Life insurance         15b. Health insurance         15b. So.00         \$0.00         \$0.00           15b. Vehicle insurance.         15c. Vehicle insurance         15c. So.00         \$0.00         \$0.00           15c. Vehicle insurance.         15c. So.00         \$0.00         <	6d. Other. Specify:		6d	\$0.00
9. Clothing, laundry, and dry cleaning         9, \$20.00           10. Personal care products and services         10, \$20.00           11. Medical and dental expenses         11, \$5.00           12. Transportation, Include gas, maintenance, bus or train fare.         12, \$50.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13, \$0.00           14. Charitable contributions and religious donations         14, \$0.00           15. Insurance.         8           Do not include insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance         15a         \$0.00           15. Vehicle insurance         15b. Health insurance         15c. Vehicle insurance.         15c. Vehicle insurance         15c. Vehicle insurance.         15c. Vehicle insu	7. Food and housekeeping sup	plies	7.	\$200.00
10. Personal care products and services       10.       \$20.00         11. Medical and dental expenses       11.       \$5.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$50.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a       \$0.00         15a. Life insurance       15a       \$0.00<	8. Childcare and children's edu	acation costs	8.	\$0.00
11. Medical and dental expenses       11.       \$5.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$50.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       13.       \$5.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a       \$0.00         15b. Health insurance       15b. Health insurance       15c. Vehicle insurance       17c. Vehicle insurance       17c. Vehicle insurance       17c. Other. Specify:       17c. Other. Specify:       <	9. Clothing, laundry, and dry cl	eaning	9.	\$20.00
12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments   12.   \$50.00 not include car payments   13.   \$0.00 not include car payments   13.   \$0.00 not include car payments   14.   \$0.00 not include car payments   14.   \$0.00 not include contributions and religious donations   14.   \$0.00 not include insurance deducted from your pay or included in lines 4 or 20.   15a. Life insurance   15a.   \$0.00 not include insurance deducted from your pay or included in lines 4 or 20.   15b. Health insurance   15c.   \$0.00 not include insurance   \$0.00	10. Personal care products and	d services	10.	\$20.00
Do not included car payments   13.	11. Medical and dental expens	es	11.	\$5.00
14. Charitable contributions and religious donations       14. \$0.00         15. Insurance.       30.00         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a. \$0.00         15b. Health insurance       15b. \$0.00       15b. Chelath insurance       15c. \$0.00         15c. Vehicle insurance       15c. \$73.00       15d. \$0.00         15d. Other insurance. Specify:       15d. \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       15c. \$0.00         17c. Installment or lease payments:       16         17. Installment or lease payments:       17a. \$408.00         17b. Car payments for Vehicle 1       17a. \$408.00         17c. Other. Specify:       17c. \$0.00         17c. Other. Specify:       17c. \$0.00         17d. Other. Specify:       17c. \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       19. \$0.00         Specify:       19. \$0.00         20a. Mortgages on other property       20a. \$0.00         20b. Real estate taxes.       20b. \$0.00         20c. Property, homeowner's, or renter's insurance	_		12.	\$50.00
15. Insurance.	13. Entertainment, clubs, recre	eation, newspapers, magazines, and books	13.	\$0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.   15a. Life insurance   15a   \$0.00     15b. Health insurance   15b   \$0.00     15c. Vehicle insurance   15c   \$73.00     15c. Vehicle insurance   15c   \$73.00     15d. Other insurance. Specify:	14. Charitable contributions ar	nd religious donations	14.	\$0.00
15b Health insurance   15b   \$0.000   15c. Vehicle insurance   15c   \$73.00   15d. Other insurance. Specify:		ucted from your pay or included in lines 4 or 20.		· · · · · · · · · · · · · · · · · · ·
15c. Vehicle insurance	15a. Life insurance		15a	\$0.00
15d. Other insurance. Specify:	15b. Health insurance		15b	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   Specify:			15c	\$73.00
Specify:	15d. Other insurance. Specify		15d	\$0.00
17.   Installment or lease payments:   17a. Car payments for Vehicle 1   17a   \$408.00   17b. Car payments for Vehicle 2   17b   \$0.00   17c. Other. Specify:   17c   \$0.00   17d. Other. Specify:   17d   \$0.00   17d. Other. Specify:   17d   \$0.00   18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   18.   19. Other payments you make to support others who do not live with you.   19. \$0.00   20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.   20a   \$0.00   20b. Real estate taxes.   20b   \$0.00   20b. Real estate taxes.   20c. Property, homeowner's, or renter's insurance   20d. Maintenance, repair, and upkeep expenses.   20d. \$0.00   \$0.00	16. Taxes. Do not include taxes	deducted from your pay or included in lines 4 or 20.		
17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. So.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  19. \$0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00	Specify:		16	\$0.00
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. So.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses.	17. Installment or lease payme	nts:		
17c. Other. Specify: 17d \$0.00 17d. Other. Specify: 17d \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18.  19. Other payments you make to support others who do not live with you.  Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00			17a	\$408.00
17d. Other. Specify:	17b. Car payments for Vehicle	2	17b	\$0.00
17d. Other. Specify:	17c. Other. Specify:		17c	\$0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00			17d	\$0.00
19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20c \$0.00  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00				\$0.00
Specify:			18.	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20b. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00	, , ,	o support others who do not live with you.	10	00.02
20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00		es not included in lines 4 or 5 of this form or on Schedule I: Your Income.	15.	Ψ0.00
20b. Real estate taxes.  20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00			20a	\$0.00
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00	20b. Real estate taxes.			
20d. Maintenance, repair, and upkeep expenses. 20d <b>\$0.00</b>	20c. Property, homeowner's,	or renter's insurance		
	20d. Maintenance, repair, and	upkeep expenses.		
	20e. Homeowner's associatio	n or condominium dues	20e	\$0.00

# Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 37 of 68

Debtor 1 Ronn			Burks	Case number (if known)		
First I	Name	Middle Name	Last Name			
21. <b>Other.</b> Spe	cify:				21	\$0.00
00 0-1-1-1-						
	your monthly expenses	5.				\$866.00
	nes 4 through 21.					\$0.00
	` .	,,	from Official Form 106J-2			\$866.00
22c. Add lii	ne 22a and 22b. The resu	ult is your monthly expe	enses.		22.	
23. Calculate	your monthly net incom	ne.				
23a. Copy line 12 (your combined monthly income) from Schedule I.					23a	\$869.00
23b. Copy	your monthly expenses f	rom line 22 above.			23b	\$866.00
23c. Subtra	act your monthly expense	es from your monthly in	icome.			\$3.00
The re	esult is your monthly net	income.			23c	
			oan within the year or do ynodification to the terms of			

### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 38 of 68

Fill in this information to identify your case:						
Debtor 1	Ronnell		Burks			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States E	Bankruptcy Court for the:	Northern	District of Illinois			
			(State)			
Case number (If known)						

#### Official Form 106Dec

### Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Par	t 1: Sign Below	
	Did you pay or agree to pay someone who is NOT an attorney to h	help you fill out bankruptcy forms?
	✓ No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
	Under penalty of perjury, I declare that I have read the summary	and schedules filed with this declaration and
	that they are true and correct.	
X	/s/ Ronnell Burks	×
	Signature of Debtor 1	Signature of Debtor 2
	Date 7/3/2017	Date
	MM/DD/YYYY	MM/DD/YYYY

Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 39 of 68

Fill ir	n this in	formation to identify y	our case:					
Debt	tor 1	Ronnell First Name	Middle	Burks Name Last N	ame	-		
Debt (Spou	tor 2 use, if filing	g) First Name	Middle	Name Last N	ame	-		
Unite	ed State	s Bankruptcy Court fo	r the: Northern	District of III		_		
Case (If kno	e numbe	er		(8	itate)	_		
Off	ficia	l Form 107	,					Check if this is a amended filing
			_	for Individuals	. Eilina fa	r Bankru	untov	04/1
Be as	s comp matior	olete and accurate a	as possible. If two r	narried people are filin parate sheet to this for	g together, bo	th are equally i	esponsible for s	supplying correct
Part	1: Gi	ive Details About \	our Marital Statu	s and Where You Live	ed Before			
1.	What	is your current mari	tal status?					
		Married Not married						
2.	Durin	g the last 3 years, ha	ive you lived anywhe	re other than where you	live now?			
	<u> </u>	No Yes. List all of the plac	ces you lived in the la	st 3 years. Do not includ	e where you live	now.		
		Debtor 1:		Dates Debtor 1 lived there	Debtor 2:			Dates Debtor 2 lived there
					Same a	as Debtor 1		Same as Debtor 1
	<u>N</u>	Number Street		From	Number St	reet		From
	ō	City State	Zip Code		City	State	Zip Code	
					Same a	as Debtor 1		Same as Debtor 1
	<u></u>	Number Street		From	Number St	reet		From
	<u> </u>	City State	Zip Code		City	State	Zip Code	
	and ten	<i>ritories</i> include Arizona, o	California, Idaho, Lou	spouse or legal equivale isiana, Nevada, New Mexi r Codebtors (Official For	co, Puerto Rico, T			

#### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 40 of 68

Burks Debtor 1 Ronnell Case number (if known) Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) Wages, Wages, From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, For the calendar year before that: commissions. commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from Describe below. each source Describe below. each source (before deductions (before deductions and and exclusions) exclusions) link \$861.00 From January 1 of current year until ssi \$5,229.00 the date you filed for bankruptcy: link \$1,476.00 For last calendar year: ssi \$8,964.00 (January 1 to December 31, 2016 link \$1,476.00 For the calendar year before that: \$8,964.00 ssi (January 1 to December 31, 2015

### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 41 of 68

Burks Debtor 1 Ronnell \_\_ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

# Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 42 of 68

or 1	Ronnell			Вι	ırks	Case number	(if known)
	First Name		Middle Name	La	st Name		
nsi corp age	ders include you porations of whic	r relatives; a th you are a for a busir	any general partner an officer, director, ness you operate a	s; relatives of any person in control	general partners; part , or owner of 20% or	tnerships of which y more of their voting	who was an insider? you are a general partner; g securities; and any managing r domestic support obligations,
<b>✓</b>	No						
Ш	Yes. List all pa	yments to	an insider.	Dates of	Total amount	Amount you	Reason for this payment
				payment	paid	still owe	
	Insider's Name						
	Number Street						
	City	State	Zip Code				
	Insider's Name						
	Number Street						
	City	State	Zip Code				
	No		aranteed or cosigne at benefited an ins	•	Total amount paid	Amount you still owe	Reason for this payment  Include creditor's name
	Insider's Name						
	Number Street						
_	City	State	Zip Code				
	Insider's Name				<u> </u>		
	Number Street						
	City	State	Zip Code				

### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 43 of 68

Debtor 1 Ronnell Burks Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No **V** Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 44 of 68

Deptoi	1 Ronnell		Burks	Case number (if known,		
	First Name N	Middle Name	Last Name	<del></del>		
	lithin 90 days before you filed for l ccounts or refuse to make a paym			ank or financial institution,	set off any amou	nts from your
L.	<b>⊘</b> No					
¥						
L	Yes. Fill in the details.					
			Describe the action the	creditor took	Date action	Amount
					was taken	
	Creditor's Name					
	Number Street					
			Last 4 digits of account r	umher: XXXX-		
			Last + digits of account i	difficit. 70000		
	City State	Zip Code				
	'ithin 1 year before you filed for ba opointed receiver, a custodian, or		y of your property in the I	ossession of an assignee fo	r the benefit of c	creditors, a court-
ар	opolitied receiver, a custodiali, or	another onicial:				
V	No					
Ė	TYes					
	_ 100					
Part 5:	List Certain Gifts and Contr	ibutions				
13. W	Within 2 years before you filed for	bankruptev. did v	ou give any gifts with a to	tal value of more than \$600	per person?	
	-			·	•	
Ī.	<b>√</b> No					
<u> </u>	<u>·                                     </u>	gift.				
	Yes. Fill in the details for each		Describe the gifts		Dates you	Value
	<u>·                                     </u>		Describe the gifts		Dates you gave the	Value
	Yes. Fill in the details for each  Gifts with a total value of more		Describe the gifts			Value
	Yes. Fill in the details for each  Gifts with a total value of more		Describe the gifts		gave the	Value
	Yes. Fill in the details for each  Gifts with a total value of more per person	e than \$600	Describe the gifts		gave the	Value
	Yes. Fill in the details for each  Gifts with a total value of more	e than \$600	Describe the gifts		gave the	Value
	Yes. Fill in the details for each  Gifts with a total value of more per person	e than \$600	Describe the gifts		gave the	Value
<u> </u>	Yes. Fill in the details for each Gifts with a total value of more per person  Person to Whom You Gave the G	e than \$600	Describe the gifts		gave the	Value
	Yes. Fill in the details for each  Gifts with a total value of more per person	e than \$600	Describe the gifts		gave the	Value
Ē	Yes. Fill in the details for each Gifts with a total value of more per person  Person to Whom You Gave the G	aift	Describe the gifts		gave the	Value
	Yes. Fill in the details for each Gifts with a total value of more per person  Person to Whom You Gave the G	e than \$600	Describe the gifts		gave the	Value
	Yes. Fill in the details for each Gifts with a total value of more per person  Person to Whom You Gave the G	aift	Describe the gifts		gave the	Value
	Yes. Fill in the details for each  Gifts with a total value of more per person  Person to Whom You Gave the Gav	aift	Describe the gifts		gave the	Value
	Yes. Fill in the details for each  Gifts with a total value of more per person  Person to Whom You Gave the Gav	aift	Describe the gifts		gave the	Value
	Yes. Fill in the details for each  Gifts with a total value of more per person  Person to Whom You Gave the Gav	e than \$600	Describe the gifts		gave the	Value
	Yes. Fill in the details for each  Gifts with a total value of more per person  Person to Whom You Gave the Gav	e than \$600	Describe the gifts		gave the	Value
	Yes. Fill in the details for each  Gifts with a total value of more per person  Person to Whom You Gave the Gav	e than \$600	Describe the gifts		gave the	Value
	Yes. Fill in the details for each  Gifts with a total value of more per person  Person to Whom You Gave the G  Number Street  City State  Person's relationship to you  Person to Whom You Gave the G	e than \$600	Describe the gifts		gave the	Value
	Yes. Fill in the details for each  Gifts with a total value of more per person  Person to Whom You Gave the Gav	e than \$600	Describe the gifts		gave the	Value
	Yes. Fill in the details for each  Gifts with a total value of more per person  Person to Whom You Gave the G  Number Street  City State  Person's relationship to you  Person to Whom You Gave the G  Number Street	zip Code	Describe the gifts		gave the	Value
	Yes. Fill in the details for each  Gifts with a total value of more per person  Person to Whom You Gave the G  Number Street  City State  Person's relationship to you  Person to Whom You Gave the G	e than \$600	Describe the gifts		gave the	Value

### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 45 of 68

Debtor	1 Ronnell	Burks Cas	se number (if known)	
	First Name Middle Name	Last Name		
14. W	Vithin 2 years before you filed for bankruptcy, o	lid you give any gifts or contributions wit	h a total value of more than \$600	to any charity?
Ī,	<b>√</b> No			
F	Yes. Fill in the details for each gift or contrib	ution.		
	_		D. I.	W.L.
	Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
	that total more than \$000		Contributed	
	Charity's Name			
		<u> </u>		
	Number Street			
	City State Zip Code			
	List Contain Lance			
Part 6:	List Certain Losses			
	Vithin 1 year before you filed for bankruptcy or	since you filed for bankruptcy, did you lo	se anything because of theft, fire,	other disaster, or
ga	ambling?			
Į,	<b>√</b> No			
¥	Yes. Fill in the details.			
L	Tes. Fill in the details.			
	Describe the property you lost and	Describe any insurance coverage		Value of property
	how the loss occurred	Include the amount that insurance has		lost
		pending insurance claims on line 33 A/B: Property.	of Schedule	
		A.B. Hoperty.		
Part 7:	: List Certain Payments or Transfers			
	nclude any attorneys, bankruptcy petition preparers  No	,		
V	Yes. Fill in the details.			
		Description and value of any prope	erty Date payment	Amount of
		transferred	or transfer	payment
			was made	
	Semrad Law Firm	Attorney's Fee - 0.00	7/3/2017	\$0.00
	Person Who Was Paid	_		
	20 S. Clark Street			
	Number Street			
	28th Floor			
	Chicago Illinois 60603			
	City State Zip Code	<del>-</del>		
	Email or website address	_		
	None			
	Person Who Made the Payment, if Not You			
	Person Who Was Paid	_		
	Number Street			
	City State Zip Code	_		
	Email or website address			
	Person Who Made the Payment, if Not You			

### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 46 of 68

Deb	tor 1	Ronnell			Case number <i>(if known)</i>	)	
		First Name	Middle Name	Last Name			
17.	hel	hin 1 year before you filed p you deal with your credit not include any payment or t No	tors or to make payme		half pay or transfer	any property to any	one who promised to
	П	Yes. Fill in the details.					
	_			Description and value of any pro transferred	perty	Date A payment or transfer was made	Amount of payment
		Person Who Was Paid					
		Number Street					
		City State	Zip Code				
		ude both outright transfers a transfers that you have alrea No Yes. Fill in the details.		ecurity (such as the granting of a securent.  Description and value of propert		age on your property).  y property or	Do not include gifts  Date
				transferred	payments re in exchange	eceived or debts paid	transfer was made
		Person Who Received Tran	nsfer				
		Number Street					
		City State Person's relationship to you	Zip Code u				
		Person Who Received Tran	nsfer				
		Number Street					
		City State Person's relationship to you	Zip Code u				
19.	ben	hin 10 years before you file reficiary? ese are often called asset-pro No Yes. Fill in the details.		l you transfer any property to a self-	settled trust or sim	nilar device of which	you are a
	_			Description and value of the pr	operty transferred		Date transfer was made
		Name of trust					

#### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 47 of 68

Debtor 1 Ronnell Burks Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code City State Zip Code

#### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 48 of 68

Burks Debtor 1 Ronnell Case number (if known) Middle Name First Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

### Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 49 of 68

Debt		Ronnell			Burks	Case	e number <i>(if</i>	known)	
		First Name	Middle Name		Last Name				
26.	_	e you been a party No	in any judicial or admii	nistrative	e proceeding unde	r any environmen	tal law? In	clude settlements and ord	ers.
		Yes. Fill in the deta	ails.						
				Cour	rt or agency		Nature o	of the case	Status of the case
		Case title		Cour	rt Name				Pending
		Case number		Num	nberStreet				On appeal
				City	State	Zip Code			Concluded
Part	11:	Give Details Ab	out Your Business o	Conne	ections to Any Bu	usiness			
27.	Witl	nin 4 years before	you filed for bankruptcy	, did you	ı own a business or	have any of the f	following c	onnections to any business	s?
			etor or self-employed in			=	ull-time or p	part-time	
		A member of A partner in a	a limited liability compai partnership	iy (LLC)	or intrited liability p	artilership (LLP)			
		_	ector, or managing exec		· ·				
	_		at least 5% of the voting	-	y securities of a cor	poration			
	씜		bove applies. Go to Par It apply above and fill in		ails below for each	business.			
					Describe the nat	ure of the busines	ss	Employer Identification r include Social Security r	
		Business Name						EIN:	
		Number Street			Name of account	tant or bookkeep	er	Dates business existed	
		City	State Zip Code	<u> </u>				From To	
					Describe the nat	ure of the busines	ss	Employer Identification r include Social Security r	
		Business Name						EIN:	
		Number Street						Dates business existed	
		City	State Zip Code	<u> </u>	Name of account	tant or bookkeep	er	From To	
					Describe the nat	ure of the busine	ee	Employer Identification r	number De not
					bescribe the nat	ure of the busines	33	include Social Security n	
		Business Name						EIN:	
		Number Street			Name of account	tant or bookkeep	er	Dates business existed	
		City	State Zip Code	)				From To	

# Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 50 of 68

Debt	or 1 Ronne	II			Burks	Case number (if known)
	First N	ame	Middle Na	ame	Last Name	
28.		years before , or other pa		otcy, did you g	ive a financial stateme	ent to anyone about your business? Include all financial institutions,
	✓ No  Yes.	Fill in the det	ails below.			
					Date issued	
	Nan	ne			MM/DD/YYYY	
	Nur	nber Street				
	City		State Zip	Code		
Part	12: Sign	n Below				
t	rue and c	orrect. I unde cy case can	erstand that making result in fines up to	a false statem	ent, concealing prope	ents, and I declare under penalty of perjury that the answers are rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
		/S/	Ronnell Burks			
		Signati	ure of Debtor 1			Signature of Debtor 2
		Date	7/3/2017			Date
	Did you at	ach addition	al pages to Your Sta	atement of Fin	ancial Affairs for Indivi	duals Filing for Bankruptcy (Official Form 107)?
[ [	No Yes					
	Did you pa	y or agree to	pay someone who is	s not an attorn	ney to help you fill out l	pankruptcy forms?
Į Į.	<b>√</b> No					
Ī	Yes. N	ame of persor	1			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 51 of 68

Fill in this information to identify your case:					
Debtor 1	Ronnell	Burks			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Sankruptcy Court for the:	Northern	District of Illinois (State)		
Case number (If known)			(Glate)		

Check if this is an amended filing

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Did you claim the property Identify the creditor and the property that is collateral What do you intend to do with the property that secures a debt? as exempt on Schedule C? Surrender the property. Creditor's name: CAPITAL ONE AUTO FINAN Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: 2016 Hyundai Accent Retain the property and [explain]: Creditor's Surrender the property. No. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]: No. Surrender the property. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

## Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 52 of 68

ebtor	Ronnell		Burks	Case number (if
	First Name	Middle Name	Last Name	known)
t 2:	List Your Unexpire	d Personal Property Leas	es	
orma	tion below. Do not list		l leases are leases that	Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2).
Des	scribe your unexpired p	personal property leases		Will the lease be assumed?
Les	sor's name:			□ No □ Yes
	cription of leased perty:			_
Les	sor's name:			□ No □ Yes
	cription of leased perty:			
Les	sor's name:			□ No □ Yes
	cription of leased perty:			
Les	sor's name:			No Yes
	cription of leased perty:			
Les	sor's name:			No Yes
	cription of leased perty:			_
Les	sor's name:			No Yes
	cription of leased perty:			_
Les	sor's name:			□ No □ Yes
	cription of leased perty:			_
3:	Sign Below			
	er penalty of perjury, I o erty that is subject to		my intention about any	property of my estate that secures a debt and any personal
	/s/ Ronnell Burks		<b>x</b>	
Si	gnature of Debtor 1		Sig	nature of Debtor 2
Da	ate 7/3/2017 MM/DD/YYYY		Da	e MM/DD/YYYY

Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 53 of 68

B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

In re Ronnell Burks Case No. Debtor	
Dehtor	
Dobto	(If known)
Chapter	Chapter 7
DISCLOSURE OF COMPENSATION OF ATTORNEY FOR	DEBTOR
<ol> <li>Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenam compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be pai rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankrupt</li> </ol>	d to me, for services
For legal services, I have agreed to accept	\$1,250.00
Prior to the filing of this statement I have received	\$0.00
Balance Due	\$1,250.00
2. The source of the compensation paid to me was:	
Debtor Other (specify)	
3. The source of the compensation paid to me is:	
Debtor Other (specify)	
4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.	
I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.	
<ol> <li>In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy</li> <li>Analysis of the debtor's financial situation, and rendering advice to the debtor in determining wheth bankruptcy;</li> </ol>	_
b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be requi	red;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourn	ed hearings thereof;
6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:	
CERTIFICATION	
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for redebtor(s) in this bankruptcy proceedings.	epresentation of the
7/3/2017 /s/ Angie Harb	
Date Signature of Attorney	
Semrad Law Firm	
Name of law firm	

# CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1250.00 attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr. Adding additional bills \$31.00 Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments;
- 2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.



ОΓ

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 07/03/2017	
Client Ronnell E. Kullgient	
G W	
Attorney	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 60 of 68

#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re:	Burks, Ronnell	Case No	
Debtor(s)			
		Chapter.	Chapter7
	VERIFICAT	TION OF CREDITOR MAT	ΓRIX
Th knowledge	ne above named Debtors hereby verify that.	t the attached list of creditors is tr	rue and correct to the best of their
Date:	7/3/2017	/s/ Burks, Ronn Burks, Ronnell Signature of Del	

CAPITAL ONE AUTO FINAN 3901 DALLAS PKWY PLANO, TX, 75093

CHASE CARD 1250 S CLEARVIEW DR #100 MESA, AZ, 85208

SEVENTH AVENUE 1112 7TH AVE MONROE, WI, 53566

HOMEATFIVE 1515 S 21ST ST CLINTON, IA, 52732

MERCHANTS CREDIT GUIDE 223 W JACKSON BLVD STE 4 CHICAGO, IL, 60606

State Farm 11350 Johns Creek Pkwy Duluth, GA, 30098

Goldman and Grant 205 W Randolph St Ste 1100 Chicago, IL, 60606

AT&T Po Box 5014 Carol Stream, IL, 60197

Comcast p.o. box 196 Newark, NJ, 07101

Social Security Administration 1200 Rev Abraham Woods, Jr. Blvd Southeastern Program Service Center Birmingham, AL, 35285

City of Chicago Parking 121 N. LaSalle St # 107A Chicago, IL, 60602

## Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 62 of 68

Speedy Cash Po Box 782648 Wichita, KS, 67278

Rush Hospital 1700 W Van Buren # 161 Chicago, IL, 60612

A All Financial Services 2856 Belvidere Waukegan, IL, 60085

IL Secretary of State 2701 S. Dirksen Parkway Springfield, IL, 62723

# Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 63 of 68

Debtor 1 Ronnell First Name	Middle Name	Burks	Case number (if kno	wn)
SECURIOR POR CONTRACTOR CONTRACTO	uestions for Reporting Purpose	Last Name <b>9S</b>		
16. What kind of debts do you have?	16a. Are your debts primaril "incurred by an individua No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primaril	ly consumer debts? al primarily for a pers ly business debts? <i>I</i> investment or throu	sonal, family, or house Business debts are de gh the operation of th	bts that you incurred to obtain ne business or investment.
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	No.	er 7. Do vou estimate th	nat after any exempt pro to distribute to unsecur	operty is excluded and administrative ed creditors?
18. How many creditors do you estimate that you owe?	☑ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,0 5,001-10 10,001-2	,000	25,001-50,000 50,001-100,000 More than 100,000
19. How much do you estimate your assets to be worth?  20. How much do you	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million \$0-\$50,000	\$10,000,0 \$50,000,0 \$100,000	01-\$10 million 001-\$50 million 001-\$100 million ,001-\$500 million 01-\$10 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion \$500,000,001-\$1 billion
estimate your liabilities to be?  Part 76. Sign Below	\$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$50,000,0	001-\$50 million 001-\$100 million ,001-\$500 million	\$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
	If I have chosen to file under Ch of title 11, United States Code. under Chapter 7. If no attorney represents me and out this document, I have obtain I request relief in accordance will I understand making a false stat	napter 7, I am aware to I understand the reliced I did not pay or agreed and read the not the chapter of title tement, concealing place can result in fine 1519, and 3571.	that I may proceed, if of ef available under each ee to pay someone wice required by 11 U.Se 11, United States Coroperty, or obtaining	ode, specified in this petition. money or property by fraud in imprisonment for up to 20 years, or
11.6				

## Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 64 of 68

Fill in this into	rmation to identify you	rcase.			
Debtor 1	Ronnell		Burks		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name			
United States	Bankruptcy Court for th		Last Name		
Office States	bankropicy Court for th	e: Northern	District of Illinois (State)		
Case number (If known)			(0.11.0)		
······	Form 106D	TTO-C'tu-v			Check if this is a amended filing
Declarat	ion About ar	n Individual Debto	r's Schedule	S	12/1:
lf two married	people are filing toge	ther, both are equally respons	ible for supplying corre	ect information.	
Parton Sign	,	Andreas Association of the Section o		waking a taise statement, concealing o \$250,000, or imprisonment for up t	
Did you p	ay or agree to pay son	neone who is NOT an attorney	to help you fill out ban	ıkruptcy forms?	
No No					
Yes.	Name of person		Attach Bankruptcy Signature (Official F	Petition Preparer's Notice, Declaration, a Form 119).	and
Under per that they  * /s/ Ronne Signature o	ell Burks	ore that I have read the summand & BU	L x	with this declaration and eof Debtor 2	:
Date 7/3/2			Date		
tVIIVI/	DD/YYYY		MI	M/DD/YYYY	

# Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 65 of 68

Debtor	1 Ronnell		Burks	Construction
	First Name	Middle Name	Last Name	Case number ((I known)
28. W	ithin 2 years before you freditors, or other parties.  No Yes. Fill in the details b		ou give a financial statem	ent to anyone about your business? Include all financial institutions,
			Date issued	
	Name		MM/DD/YYYY	
	Number Street			
	City Sta	te Zip Code	_	
Part 12	Sign Below			
		all Burks PTVV		ents, and I declare under penalty of perjury that the answers are rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
	Signature of	Deptor 1 >	- 1	Signature of Debtor 2
	Date 7/3/20	17		Date
	vou attach additional pag No Yes	ges to Your Statement of	Financial Affairs for Individ	duals Filing for Bankruptcy (Official Form 107)?
	100			
Bosser		omeone who is not an att	orney to help you fill out b	ankruptcy forms?
Did y		omeone who is not an att	orney to help you fill out b	ankruptcy forms?

# Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 66 of 68

	Ronneli		Burks	Case number (if
none and a second	First Name	Middle Name	Last Name	known)
2:	List Your Unex	pired Personal Property Leas	ses	
		al property lease that you listed i I list real estate leases. Unexpire sonal property lease if the trustee	O IPAKES ARE IPAGEC THAT	Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2).
Desc	ribe your unexpi	red personal property leases		Will the lease be assumed?
Less	or's name:			ground No
Desc prop	ription of leased erty:			
esse	or's name:		•	III No
				Yes Yes
Desci prope	ription of leased erty:			
	$\boldsymbol{x} = \boldsymbol{x}_{i} \boldsymbol{x}_{i} + \boldsymbol{x}_{i} \boldsymbol{x}_{i} + \boldsymbol{x}_{i} \boldsymbol{x}_{i} + \boldsymbol{x}_{i} \boldsymbol{x}_{i}$			en de la companya de La companya de la co
	or's пате:			In No
			ent to comment of a comment of a comment	Yes
escr rope	iption of leased erty:			
essc	r's name:			No
	iption of leased rty;			Yes
esso	r's name:		en ertste toe waard en al aan ander een een al aan ander een a	No sense V
escri rope	ption of leased rty:			Yes
esso	r's name;			
				Yes
escri rope	ption of leased rty:			waterer
28SO	r's name;			No TYes
escri oper	ption of leased ty:			Eurosiš "
S	ign Below			
ler p	enalty of perjury y that is subject	, I declare that I have indicated n	ny intention about any pr	operty of my estate that secures a debt and any personal
		Day all (2)	\$	
	Ronnell Burks	Warmen Dr	M/\ x	Average Delite 2
8-11			Signa	tture of Debtor 2
	7/3/2017		Date	

MM/DD/YYYY

Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 67 of 68

#### UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

in re:	Burks, Ronnell  Debtor(s)	Case No	Case No		
		Chapter.	Chapter7		
	VE	RIFICATION OF CREDITOR M	ATRIX		
Th knowledge	ne above named Debtors herel	y verify that the attached list of creditors is	s true and correct to the best of their		
Pate:	7/3/2017	/s/ Burks, Ro Burks, Ronn Signature of	ell Portex		



# Case 17-20050 Doc 1 Filed 07/03/17 Entered 07/03/17 17:18:42 Desc Main Document Page 68 of 68

Debtor 1 Ronnell First Name	Burks Middle Name Last Name		Case numbe	Case number (If known)		
	· · · · · · · · · · · · · · · · · · ·	Last Name	Column A Debtor 1	Deb	umn B otor 2 or	
8.Unemployment compensation  Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:			\$0.00	non	1-filing spouse	
For you	, , , , , , , , , , , , , , , , , , , ,	\$746.00				
For your spouse		\$0.00				
<ol> <li>Pension or retirement incompened to the social Security</li> </ol>	rity Act.		\$0.00	<del></del>		
10.Income from all other sour amount. Do not include any to payments received as a victim international or domestic terro page and put the total below.	denetits received under the of a war crime, a crime a rism. If necessary, list other	e Social Security Act or				
Other Government Assistance			\$123.00			
Total amounts from separate	pages, if any.		+\$0.00	+		
11. Calculate your total curre	nt monthly income. Add	l lines 2 through 10 for	\$123.00	+		= \$123.00
column. Then add the total	for Column A to the total	for Column B.				3123.00
Determine Whether	r the Means Test An	olies to You				Total current monthly incom
2. Calculate your current mon				***************************************		ranoment and a second phase of
12a. Copy your total current m	nonthly income from line	11.		Copy line 11 h	nere →	\$123.00
Multiply by 12 (the numb	per of months in a year).					L
12b. The result is your annual	income for this part of the	e form.			12b.	X 12 \$1,476.00
3 Calculate the median family	income that applies to	you. Follow these steps:				
Fill in the state in which you liv	e	Illinois				
Fill in the number of people in						
Fill in the median family income household,					13.	\$50,765.00
To find a list of applicable medi instructions for this form. This . How do the lines compare?	ian income amounts, go list may also be available	online using the link specifi at the bankruptcy clerk's off	ed in the separate fice.		L.	
14a. Line 12b is less than Go to Part 3.	or equal to line 13. On th	e top of page 1, check box	1, There is no presumption	n of abuse.		
14b. Line 12b is more than Go to Part 3 and fill o	n line 13. On the top of p ut Form 122A-2.	age 1, check box 2, The pr	esumption of abuse is det	ermined by For	rm 122A-2.	
ਸ਼ਿਲ੍ਹ Sign Below	11100000 AV 111					
By signing here, I declare under	er penalty of periun, that t	he information on this state				ON THE PROPERTY OF THE PROPERT
	or portary trial t	t / / I'ms state	ament and in any attachme	ints is true and	correct.	
/s/ Ronnell Burks Signature of Debtor 1	prinell to h	uh x	Signature of Debtor 2	30	**************************************	
Date 7/3/2017	ŧ		Date 7/3/2017			
MM/DD/YYYY			MM/DD/YYYY			
If you checked line 14a, do I	NOT fill out or file Form 1	22A-2				

If you checked line 14b, fill out Form 122A-2 and file it with this form.